



PUBLIC PROTECTION CABINET

Matthew G. Bevin
Governor

Department of Insurance
P.O. Box 517
Frankfort, Kentucky 40602-0517
1-800-595-6053
<http://insurance.ky.gov>

David A. Dickerson
Secretary

H. Brian Maynard
Commissioner

IRS NO. _____

NAIC NO. _____

(Name of Fraternal Benefit Society)

organized under the laws of the State of _____
and located in the City of _____, hereby makes application
for a Certificate of Authority in the Commonwealth of Kentucky to transact the business
of insurance
for _____ Life, _____ Health, or _____ Life and Health as permitted in
Chapter 304 Subtitle 29 of the Kentucky Revised Statutes for the period beginning May
1 of the current year through April 30 of the following year.

Signed this _____ day of _____, 20_____

By: _____
(Name)

(Title)

FORM 385 Updated 02/16